

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUND PROGRAMS**

PHYSICIAN'S CERTIFICATION FOR COOLING BENEFIT

***NJDCA PROCESSES APPLICATIONS FOR COOLING ASSISTANCE TO INCOME ELIGIBLE HOUSEHOLDS
FOR WHICH THERE IS MEDICAL EVIDENCE THAT THE HEALTH OF AT LEAST ONE HOUSEHOLD MEMBER
WILL BE SERIOUSLY ENDANGERED UNLESS THE HOUSEHOLD'S LIVING QUARTERS ARE COOLED.***

Physician – Please complete and return this form to your patient. Complete all necessary information, sign and provide medical office stamp or attach business card

Head of Household/Applicant's Name: _____

Last four digits Head of Household/Applicant's SSN: _____

Address _____

City, State, Zip Code _____

Telephone #: _____

Patient's Name: _____

Last four digits of Patient's SSN: _____

Description of Medical Diagnosis: _____

Name of Physician: _____

Address: _____

Telephone: _____

Physician's Signature: _____ Date: _____